

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006276

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

FILED MAR 8 1963

Primary Registration District No. 1002

Registrar's No.

969

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
Length of stay in 1b <i>30 yrs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1001 E 11</i>		d. STREET ADDRESS (If outside, give location) <i>1001 E 11</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>ALLEN</i> Middle <i>N.</i> Last <i>ALBRIGHT</i>			4. DATE OF DEATH Month <i>2</i> Day <i>12</i> Year <i>1963</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>9-27-1885</i>	9. AGE (last birthday) <i>77</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>7</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Black</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (City and state or country) <i>MO</i>	
12. CITIZEN OF WHAT COUNTRY <i>USA</i>					

13a. FATHER'S NAME <i>Charles E. Albright</i>		13b. MOTHER'S MAIDEN NAME <i>Lillian Downing</i>		14. NAME OF HUSBAND OR WIFE <i>Bernita Bremer 601 W 91<sup>st</sup> Terr</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Bernita Bremer</i>	
				Address	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Foliar Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>—</i>			
DUE TO (c) <i>—</i>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) <i>Gravely Cold weeks</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>—</i> a.m. <i>—</i> p.m. <i>—</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <i>—</i> STATE <i>—</i>	

21. I attended the deceased from <i>—</i> to <i>—</i> and last saw her alive on <i>—</i> Death occurred at <i>—</i> on the date stated above, and to the best of my knowledge from the causes stated.	
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22a. SIGNATURE <i>Joseph A. Owens</i> (Degree or title)		22b. ADDRESS <i>152 Minnesota Station 2-1363</i>		22c. DATE SIGNED <i>2-13-63</i>	
23a. DATE OF REMOVAL (Specify) <i>2-14-1963</i>		23b. NAME OF CEMETERY OR CREMATORY <i>Hart Cem.</i>		23c. LOCATION (City, town, or county) (State) <i>KC Mo.</i>	
24. FUNERAL DIRECTOR <i>Assantino Bros</i>		ADDRESS <i>KC Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>2-13-63</i>	
				26. REGISTRAR'S SIGNATURE <i>Keith Long</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *L. C. Rosantano*

Licensed Embalmer No. 4557

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.